

## Carteret Emergency Communications P. O. Box 629

Morehead City, NC 28557

252-726-3916 Fax 252-726-1920 cec@carteretcountygov.org

## **Information Request Form**

911 operators are not allowed to release any information about in-progress incidents under any circumstances. All requests for information require this form to be submitted to 911 Center Administration. Requests are generally processed within three (3) business days; however extenuating circumstances may delay your request. Information will not be released when it potentially jeopardizes victim safety or is otherwise required to be withheld in accordance with N. C. General Statutes.

Records will be verified and certified by the appropriate officials and may be picked up or mailed, except that routine inquiries may be emailed to agencies served by the 911 center. All non-governmental agencies must provide a writable CD for the information to be placed upon.

Please fill out this form completely to allow proper identification and discovery of your requested information. You must be specific in your request(s).

Incident Date:	
Incident Time:	( ) AM ( ) PM
Incident Location:	
Phone Number Reporting Ir	cident:
Caller's Name Reporting Inc	dent:
Incident or Reference Numl	ers:
Information Requested:	( ) Radio Dispatch Recording ( ) Calls Received Recording
	( ) Radio Traffic for: duration (be specific)
	( ) Computer Aided Dispatch Records
	( ) Other:
Requestor's Name:	
Department / Agency:	
	Time of Request:
Telephone Number:	Email:
Address:	
	eretcountygov.org or fax to 252-726-1920.
Reviewed by:	Date:
Released to:	Date: